

(COVER LETTER)
St. Lucie County
Cultural Affairs Council
Mini-Grant Application Instructions

1. All mini-grants must be filed on a **current** application form. These may be obtained by calling the Cultural Affairs Council (CAC) at 462-1767.]
2. The properly completed application must be received by the due date indicated or it cannot be considered for the current year.
3. On a separate sheet answer the narrative questions as requested on the application.
4. Fill out the application with direct answers. (“see attached”, etc. is not acceptable.)
5. Return **ONLY** the application, the narrative answer page, the Accountability Checklist page signed. If you wish to furnish CAC with any additional materials about your organization, please **do not attach** to the above materials.
6. The COMPLIANCE SHEET , which is attached to the application is to be retained and to be sent to **The Cultural Affairs Council (CAC) within 45 days after** the granted event has taken place. **This is a requirement for any future CAC grants.**
7. It is the **responsibility of the grantee** to meet the following:
 - A. Comply with all the terms of the mini-grant contract
 - B. Credit the CAC with Sponsorship status in ALL advertising
 - C. Obtain and display the CAC banner at all sponsored events
 - D. Furnish admission to the CAC Board member assigned to the event
 - E. a table must be set up at the event to display CAC related materials

NOTE:

The above must be met if your application for a mini-grant is to be considered. For anymore information or assistance please contact the CAC at 462-1767.

**IF YOU USE A WEBSITE APPLICATION READ THE “PROGRAM
DETAIL” PAGE CAREFULLY.**

ST. LUCIE COUNTY CULTURAL AFFAIRS COUNCIL
MINI-GRANT PROGRAM 2005-2006 GRANT APPLICATION
(PLEASE TYPE OR PRINT)

SECTION A: PROGRAM INFORMATION

1. Florida County _____
2. Program Name _____
3. Program Type (e.g. art show, concert, etc.) _____
4. Amount of grant funds requested _____
5. Estimated number of persons to be served _____
6. Cost per participant: amount of funds requested divided by the estimated number of participants to complete the program (\$/#) _____

SECTION B: CONTRACTOR INFORMATION

Identify the agency and official who will sign the Certificate of Assurance, if selected for a grant

1. Grantee agency name _____
- 2.. Authorized Official's name _____
3. Street address _____
4. City _____ Florida Zip Code _____
5. Telephone Number (772) _____
6. Federal Identification Number _____
7. Contractor agency status: Governmental _____ Private not for profit _____ Private for profit _____
8. Name of fiscal officer _____ Telephone number _____
9. Name of fiscal agency, if not Grantee _____
10. Program Director's name _____
11. Mailing address for all program correspondence _____

SECTION C: CERTIFICATION

I do hereby certify that all facts, figures and representations made in this application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control will be implemented to insure proper accountability of grant funds that would otherwise be used for the purpose set forth in this project. The filing of this application has been authorized by the Grant Applicant and I have been duly authorized to act as the representative of the contractor in connection with this application.

Authorized Official's Signature

Type Authorized Official's Name

Name of Agency or Entity

Telephone number

Date

MUST BE RECEIVED NO LATER THAN

5:00 P.M. ON SEPTEMBER 30TH, 2005

MAIL OR DELIVER TO:
CULTURAL AFFAIRS COUNCIL
600 N. Indian River Drive
Fort Pierce, Florida 34950
(772) 462-1767

SECTION D: PROJECT DESCRIPTION

1. Project Name _____
2. Population Number to Be Served: Artists (participants) _____ Audience _____
3. Total Project Cost _____
4. Amount Requested From this Fund _____
5. Date and Place of Event _____
6. List other potential and actual sources of support for this project (put an * by those committed, noting any matching fund requirements).

AMOUNT

FUND

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROPOSAL NARRATIVE INSTRUCTIONS

On another sheet, please answer the following as concisely as possible. Please limit your response to 500 words or less. Please limit responses to these questions **only**.

1. What type of program are you proposing? What overall changes are you trying to create and with whom?
2. What are the specific outcomes you seek to achieve? Describe in measurable terms the outcomes you are focusing upon.
3. How will you produce the changes described above? Include information about what participants will do - Describe their experiences.
4. How will you know the changes have occurred? Include information about how you will verify the extent to which participants achieve outcomes/performance targets.
5. What is the target audience? Briefly describe the geographic service areas (i.e., Port St. Lucie, Ft. Pierce, rural, etc.) with respect to issues of diversity (children, seniors, ethnic, handicapped, etc).
6. What is the estimated project costs and the amount being requested from this fund? What is the future of this project? Include information about how other resources needed to complete the project are being secured and how you will support this project in the future if it is to continue.

NOTE: When responding to Narrative please answer all questions completely. Do not attach organization brochures or pamphlets to application. ("See Attached" is not an acceptable response to questions.)

SECTION E: PROJECT BUDGET

Project Income \$ _____ **Total anticipated income (TAI)** \$ _____

Federal _____
State _____
*County _____
City _____
Membership _____
Grants _____
Contracts/Fees for Services _____
Investment Income _____

Contributions/Donations _____
Fund-Raising Events _____

In-Kind Support _____
Other (Describe) _____
*(DO NOT INCLUDE REQUESTED FUNDS IN PROJECT INCOME COLUMN)

Total Project Income \$ _____ \$ _____ (TAI)

Project Expenses	Project expenses covered by this requested grant	Total Project Expenses
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Salary and Wages _____		
Consultants/Contract Services _____		
Space costs _____		
Equipment _____		
Consumable supplies _____		
Entertainment _____		
Travel _____		
Phone/fax _____		
Printing/postage _____		
Training _____		
Evaluation _____		
In-Kind Expense _____		
Other _____		

Total Project Expenses \$ _____

(RETURN THIS SHEET SIGNED WITH YOUR APPLICATION)

ST. LUCIE CULTURAL AFFAIRS COUNCIL

ACCOUNTABILITY CHECKLIST

45 days prior to funding, these guidelines must be in place

Licenses for city and/or county

Permits-(facility, alcohol)

Proof of Liability Insurance

Location procured

***Receipts for purchases**

Entertainment booked

Advertising proof

Volunteers available

Consumer's Certificate of Exemption

**I HAVE READ, UNDERSTAND AND HAVE COMPLIED WITH THE
ACCOUNTABILITY CHECKLIST.**

Event chairperson's signature

Date

***Return 'Receipts for Purchase' with the COMPLIANCE FORM**

ST. LUCIE COUNTY CULTURAL AFFAIRS COUNCIL

MINI-GRANT EVALUATION FORM
COMPLIANCE PER GRANT FUNDS ISSUED 2005 FOR 2006 PROJECTS

Date: _____

Name of Organization _____

Contact Name and Number _____

Name of Project _____

Date and Place of Event _____

Grant Amount Awarded by Cultural Affairs \$ _____

Brief Explanation of Project (first time event, location, audience, participants, goals, accomplishments)

1. How many people were exposed to the project? _____

2. Did attendance increase from last year? _____

3. Was this a collaborative effort, and if so, with what groups/individuals?

4. What was the overall budget for this event/project? _____

5. What other resources were utilized? _____

6. What was the time frame from planning to completion? _____

7. Will your organization continue this event/project? _____

Additional Comments _____